State Form 4606 (R9 /11-99)

IS THIS AN AMENDMENT? Yes

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

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(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

12

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COMMITTEE INFO			
1. Full name of committee (as on Statement of Organization) Check if this is a new name Raffermann for Council menn	ne 0	TV POLISTS	
Acronym or abbreviated name, if any	3. Committee t	elephone number	ction Board 'Carpanhar,
in-first and barrow-in. This figure will be the solal of all cages of Scheelup	1317	1 581-0557	
4. Mailing address (address where all campaign finance correspondence is received)	Check if this is a new	w address	o As, Prison of Charles and Constitution of the Constitution of th
5. City, state, ZIP code	6. Party affiliat	ion (if applicable)	ACT RETREBUISHED AND SHA
Caml IN 46033	Ken	blican	
CANDIDATE INFORMATION (For Car	ndidate's Commi	ittees Only)	
7. Full name of candidate (include any nickname)	8. Party affiliati	ion or if independent	A IT OVER ANY DIS PROPERTY OF
MAK Richal Katherman	Repub	lican	
9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of r		M 2 Enter the acronym or
Carmel City Cancil- At large	Hamil	100	
TYPE OF REPORT		CONVENT	ION CANDIDATES ONLY
11. Check one:	(recently she	Check one:	thereash as me cover
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19,	and 20 must be "0")	Pre-Conven	tion
Outgoing Treasurer (within 10 days amend Statement of Organization)	business and the state	Posi-Conve	ntion
12. Reporting period: From: Aport/ 12, 2003 Through: October 17,	2003	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	A CO.	2895.40	
14. Cash on hand and investments January 1, current year.			0
CONTRIBUTIONS AND RECEIPTS			The second second
(Note: these amounts include in-kind contributions and loans, as well as cash cor	ntributions.)		
15a. Itemized (use Schedule A)		7015.72	22115.72
15b. Unitemized	a strationed and	800.00	2047,00
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	7815.72	24162.72
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	10711.12	24 162.72
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	CON DOMESTIC N	9791.44	02/17/7
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	PRODUCTION OF P		22656.76
17b. Uniternized	character at the	0.00	586.28
17c. Add lines 17a and 17b in both columns	SUBTOTAL	9791.44	23243.04
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both of	columns) TOTAL	919.68	919.68
19 Debte OWED BY the committee (use Schadule D)	,		建设设施

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

20. Debts OWED TO the committee (use Schedule E)

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

624	FILE	NUMBE	R	
Page	/	of	/	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
" Mark Richard Rathermann	Contributions:			
12548 Scottish Benl	In-Kind (describe)	,	// /=> -	4-15-03
12548 2011151 1000		1,000.00	16,100.00	- /
Came 1 IN 44033	Other Receipts:	/		4-15-03 DGIC Andres,
Contributor's Occupation (if required) Teacher / Author	Misc (specify)			Travel
Mark Lichard Letterman 12548 Schtish Benl Came I IN 46033	Contributions: Direct In-Kind (describe)			
nous Scathish Bend		1000.00	17,1000	4-26-03
Come I IN 46033 Contributor's Occupation (if required) Teacher / Acthor	Other Receipts: Interest Loan Misc (specify)	,	,	Urla Andress
Contributor's Occupation (if required) / Contributor's Occupation (if required)	Contributions:			Travel
	Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)			
4.	Contributions:			
	Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)			
5.	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)	-		
Contributor's Occupation (if required)		-		
	HIS PAGE OF SCHEDULE A	\$2,0000		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary		S;		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
	(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc (specify)			
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest □ Loan Misc (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc (specify)			-
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc (specify)			
	SHE TOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00	Kenna and	FEBRUARY LA
	TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 0.00	1912	
	(Enter total on ITEM 15a of the Summary	Sheet)	\$ 0.00		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMB	ER	La Pie
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
SUB TOTAL THE TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary		\$ 0.00 \$ 0.00		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1.	Contributions:			
	Other Receipts: Interest Loan Misc (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
SUB TOTAL TH	HIS PAGE OF SCHEDULE A	s 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary	ON THE LAST PAGE ONLY	s 0.00		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMB	ER	MAG.
Page	/	of	2	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1. Friends Of Jim BrainARD Committee POBUX 763 Cormel IN 460PZ	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc (specify)	214.41	214.41	
Friends of Jim Brainand Committee P. O. BOX 763 Cornel IN 460PZ	Contributions: Direct In-Kind (describe) Direct Mail Other Receipts: Interest Loan Misc (specify)	224.91	224.91	
Fileds of Jim Brainel Committee P.O. Box 763 Cormel IN 46082	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc (specify)	650.98	650.98	
4. Friends of Jim Brainel Committee P.O. Box 763 Come I IN 4002	Contributions: Direct In-Kind (describe) Hard Other Receipts: Interest Loan Misc (specify)	345.37	345.37	
Friend of Jim Brainard Committee P.O. Box 763 Come 1 IN 4002	Contributions: Direct In-Kind (describe) Other Receipts: Health Interest Loan Misc (specify)	60.80	60,98	
SUB TOTAL THE TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary		s 1,496.65		

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributior, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	2	of _	2	mes o

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1. Friends of Jim Brainer L Committee P.O. Bot 763 Come 1, IN 46092	Contributions: Direct In-Kind (describe) Caingaigh Habbut Other Receipts: Interest Loan Misc (specify)	33,15	33.15	on that and restriction to the control
Friends of Jim Brainard Committee P.O. Box 763 Camel IN 45082	Contributions: Direct Contributions: Contrib	3485.92	3485.92	MATROSM
3. The state of the second of the state of t	Contributions: Direct In-Kind (describe)	um as yard i us PERIOD	TOUCHA	COLUMN A
lettvo contributions, including in-litrel, transfera-in or other rocklyta	Other Receipts: Interest I Loan Misc (specify)	YT-RABY BY	ITALIUMUO	B KMULIOD
A.	Contributions: Direct In-Kind (describe)	ne month, degl	VED: Enter	DATE RECE
wed the contribution for the committee. (IC 3-9-1-25)	Other Receipts: Interest Loan Misc (specify)	nen cennis In SCHEDU	BY: Enter	RECEIVED
5. ACE ONLY: ENG! (ON THE LAST PAGE ONLY: THE DAY SHOULD SHOW SHOULD SH	Contributions: Direct In-Kind (describe)	F SCHEDU	L PAGES	e igun a nu OTAL OF A
	Other Receipts:			
SUB TOTAL THI	S PAGE OF SCHEDULE A	s 3519.07		
TOTAL OF ALL PAGES OF SCHEDULE A O (Enter total on ITEM 15a of the Summary S	ALTUE LACT DACE ONLY	5_7,015.72		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be Itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER				
Page	of	2		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Market Link Cyness Caphilion	Teacher / Author	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2414.00	2414.00	4-14-03
Omai Productions a	и	Direct	00		
12314 Brookshire Pkwy Come / IN 46032		TV Commercial	822.10	822,10	4-15-03
Posto-Type Sustems, Inc.	и	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	102912	1539.12	4-26-03
1125 W. K. # ST. Inflo IN 4,20		Brocher Mailing	133/86	1301.76	749
Friels of Jim Brainel Commit	tee	Direct In-Kind Payment of Debt Returned Contribution Other			
P.O. Box 723 Com/ IN 460 82		Purpose:	214.41	214.41	
Frieds of Jim Brainel Comm.	li .	Direct Min-Kind Payment of Debt Returned Contribution Other	2	4 ./ /	
P.a.Box 763 Come IN 4.082		Purpose: Direct Mail	224.91	224.91	
Friends of Jim Brains Com.	и	Direct In-Kind Payment of Debt Returned Contribution Other	(10	(7) 00	
P.O. BOX 763 Carm / IN 46082		Portage	650.95	650.98	
Friel of Jim Braine Com. P.O. But Th 3 Corm / IN 40PZ	h	Direct In-Kind Payment of Debt Returned Contribution Other	201527	20(22	
P.O. But 120 4082		Direct Mail	275.27	345.37	
		HIS PAGE OF SCHEDULE B	\$6211.39		
	LL PAGES OF SCHEDULE B		\$		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999 (CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Friends of Tim Brainal Comm.	#	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	10.00	60.98	eterati a texas tuo-sileneti a na la tramesad red leser Jruso
P.O. Bux 763 Com / IN 46072	TE OF SUPERIOR UNDER STORE TO STORE OR TRANSPORTED OR TRANSPORTED CONTRACT OR TRANSPORTED OR TRA	Campaign Harlet	60.9	60.78	
Friale of Jim Brainel Com.	20 — H 3	Direct An-Kind Payment of Debt Returned Contribution Other	Committee."	bts Oregot by Sicul DDEE: In the book	Ichodus D. "Dr PENDITURE C
P.O. Box 763 Com / IN 460/2	off to-related	Purpose: Carpaign Harlant	33.15	33.15	
Friends of Jim Braind Comm.	est u be	Direct In-Kind Payment of Debt Returned Contribution Other	nd controvers in or controvers as as one will tell our		inited materials on to other came or contracts
P.O. BUX 763 Come (IN 4002	pro distertivi di automobilo e DASI LIA PO LIVIOTI est se e con un propose LIA 20, IA	Purpose: OVERAL	3485.92	3485.92	
code	Kasa suase seas ses seas en ina enegli citi seine calif	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other	Carriero, horeigo N. and speakers. Constituen for pr		bakara yayayaan y beanintambel t yoloonia ma ah
		Purpose:		A gostfinola	
code		Direct In-Kind Payment of Debt Returned Contribution Other	en periodicación ence par oprio prior encontración	ayout, piming, it mayocalloon cou t talayopon adell	year yeargos compagn con thatas
		Purpose:	engle trany bits of pack, incepted as dis	statistic on bibase parapherrata	
code		Direct In-Kind Payment of Debt Returned Contribution Other		20080500 416021 p.0	haved based partied I pased
		Purpose:		O Spendions Central con-	
ode		Direct In-Kind Payment of Debt Returned Contribution Other	the bristopes a	Bened bris astrological being selection and and and and and and and and and an	groot Receipts Receipts Absorbé
		Purpose:	el eteofluenco astro	ontrines find and to sectioning the b	
	SUB TOTAL THI	S PAGE OF SCHEDULE B	\$3580.05		
TOTAL OF ALI (Enter total on	PAGES OF SCHEDULE B O	N THE LAST PAGE ONLY	\$3580.05 \$9791.44		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

FILE NUMBER					
Page					

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question	PU	BLIC QUESTION INFORMATION		MAN A	
Enter lext of Public Question					
Type of Question: Statewide Loc Position: Supported Opposed	al				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	Direct				
	□In-Kind				
	Direct				
	☐ In-Kind				
	Direct				
	☐ In-Kind				
	Direct				
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	Direct				
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	Direct				
	☐ In-Kind				
	SU	JB TOTAL THIS PAGE OF SCHEDULE C	\$ 0.00		
		CHEDULE C ON THE LAST PAGE ONLY se Summary Sheet)	s 0.00		



(CFA-4 SCHEDULE D)

Debts Owed by This Committee

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

FILE NUMBER					
2	/ 4	/			
Page	of				

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING BALANCE THIS
& MAILING ADDRESS (street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
The same of the sa					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
CENTER OCCUPATION.					
LENDERS OCCUPATION:		-			
LENDERS GLOPPIION.					
-ENDERS OCCUPATION					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
SERVEDO GOODATION:					· 6 m
SUB TOTAL THIS PAGE OF SCHEDULE D				SCHEDULE D	\$ 0.00 \$ 0.00
		L PAGES OF SCHEDULE		T PAGE ONLY	s ///
(Enter total on ITEM 19 of the Summary Sheet)					0.00



(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

FILE NUMBER				
Page	/	_ of	/	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	MAILING ADDRESS(if any) (street, number, city state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	PERIOD
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	-				
			h		
773	-				
		SUB TOTAL	THIS PAGE OF S	SCHEDULE E	\$ 0.00
	TOTAL OF	ALL PAGES OF SCHEDULE I on ITEM 20 of the Summary	E ON THE LAST		\$ 0.00